

**PRIVACY RELEASE AND CONSTITUENT INFORMATION FORM**

The Honorable Tom Cole:

In keeping with the restrictions of the Privacy Act, I hereby authorize you and your staff to request information from any federal agency or department in reference to my inquiry. This authorization includes written correspondence, telephonic or any other means of communication.

The federal agency or department is authorized to furnish you copies of any documents, correspondence or information, including medical records, relative to my inquiry.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(FAX) \_\_\_\_\_ (CELL) \_\_\_\_\_

(PAGER) \_\_\_\_\_ (E-MAIL) \_\_\_\_\_

PLACE AND DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

MILITARY BRANCH OF SERVICE: \_\_\_\_\_

RANK/GRADE: \_\_\_\_\_

DUTY STATION (UNIT) \_\_\_\_\_

BRIEFLY EXPLAIN THE PROBLEM. ATTACH COPIES OF ANY RELEVANT DOCUMENTATION.

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\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**PLEASE RETURN TO:** Congressman Tom Cole  
2420 Springer Drive, Suite 120  
Norman, OK 73069  
Phone: 405/329-6500  
Fax: 405/321-7369